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Inaugural Dissertation

On

Phlegmasia Dolens

By

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of

Virginia.

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Mr. S. A.

W. H. Thompson

Phlegmasia Dolens.

It appears from the researches of Hull, that neither Hippocrates nor more modern writers were well acquainted with this disease; nor was it well described until the time of Mauriceau.

We may infer from the writings of Rodrigues & Castro, and Wiseman that they had seen the disease; though their description of it is not good.

During the period which intervened between the publication of Mauri-

This image shows a single page from a handwritten notebook. The text is written in cursive ink on a light-colored, possibly yellowed, page. The handwriting is somewhat faded, particularly in the left column, making it difficult to read. The page is divided into two columns by a vertical line. The right column contains more legible text, while the left column is mostly faded. The overall appearance is that of an old, unused journal or ledger.

-cauld work and the death of Puzos tho
disease appears to have been known to
various writers.

It may be proper to notice the
different pathological views from the
time of Mauriceau to the present.

All the writers from Rodrigues
A Castro to Puzos have attributed this dis-
ease to a diminution or suppression of
the Lachia. And from Puzo to Mr. White
it has been attributed to a deposition
of milk.

Mr. White in his enquiry into
the nature and causes of the intumesc-
cence of the lower extremities, advances a
new Theory of Phlegmasia Dolens.

He attributes this disease to an
obstruction, detention, and accumula-
tion of Lymph in the limb; that the

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Lymphatics are obstructed as high as where they enter under Poupart's ligament; that the obstruction is occasioned by some accident occurring during labour; and that it is a local disorder and has a local cause.

In 1792 Trye of Gloucester published an essay on the swelling of the lower extremities, incident to lying in women; he attributes the disease to an obstruction of Lymph which he imagines is caused by the inflammation of the Lymphatics.

Dr. Denman considers it an affection of the ~~gastro-intestinal~~ Lymphatic and glandular system of the extremity, and is produced by the absorption of some irritating substance in the discharge from the uter-

-ness, the consequence of an unhealthy secretion of that organ.

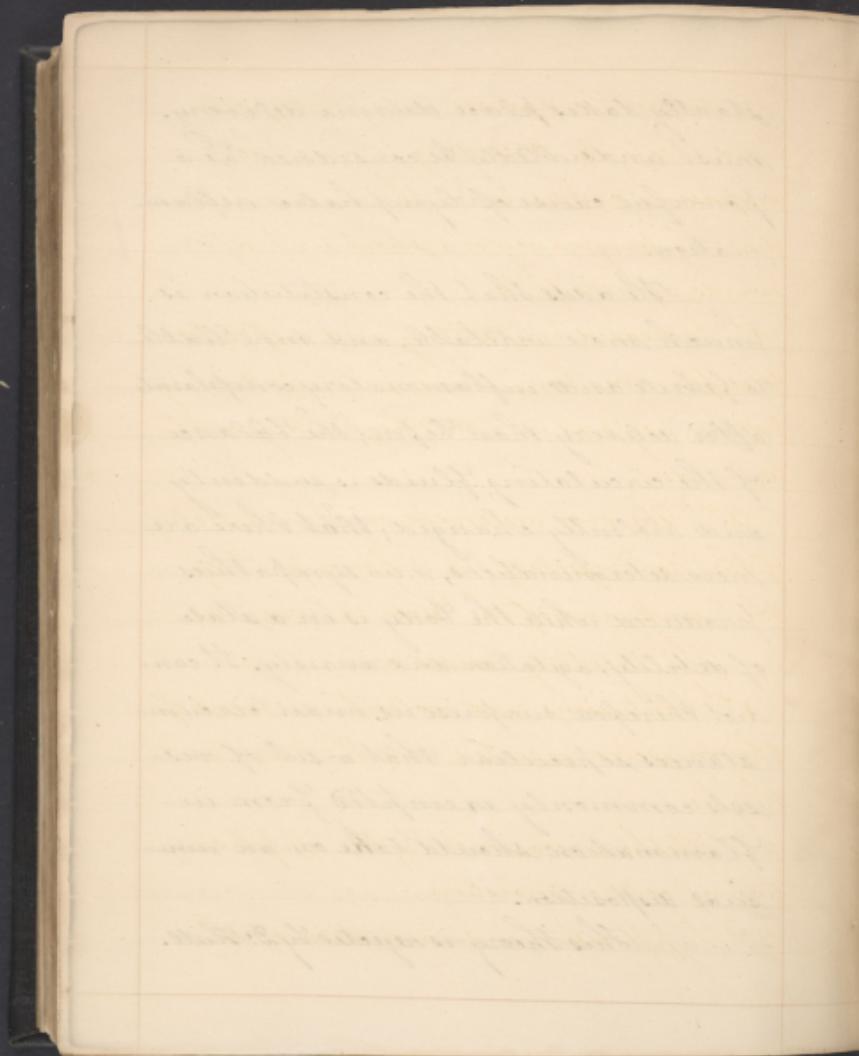
D^r. Ferrier supposes that there is a general inflammatory state of the absorbents of the limb by which they are rendered incapable of performing their functions. In a case mentioned in the third volume of his medical histories, he says that after the inflammation was reduced he could distinctly feel the lymphatics intertwined like a bundle of cords.

He thinks the disease may exist under circumstances unconnected with parturition. He does not think it impossible for the disease to occur previous to delivery. The violent pressure on the internal iliacs the accompanying veins and nerves, which con-

stantly takes place during delivery, must undoubtedly be considered as a powerful cause of sympathetic inflammation.

He adds that the constitution is much more irritable, and more liable to febrile and inflammatory complaints after delivery than before; the balance of the circulating fluids is suddenly and violently changed; that there are new determinations, new sympathies produced while the body is in a state of debility, agitation and anxiety. It cannot therefore surprise us under circumstances so peculiar that a set of vessels commonly exempted from inflammation should take on an unusual disposition.

This theory is rejected by Dr. Hull.



He divides the causes into predisposing and exciting. According to him the predisposing causes when the disease occurs during pregnancy or a short time afterwards appear to be

1st. Increased irritability and disposition to inflammation, which prevails during pregnancy and in a still higher degree afterwards.

2nd. The over distended or relaxed state of the bloodvessels of the inferior part of the trunk, and of the lower extremities.

The exciting causes are

1st. Contusions and violent exertions of the muscles inserted into the pelvis and thighs.

2nd. Plethora occasioned by the application of cold or moisture.

3rd. Suppression or diminution of the

Cochlea and of secretion of milk.

4th Food taken in too large a quantity or too stimulating.

5th Standing and walking too much before the arteries and veins of the lower extremities have recovered from the effects of distention, which existed during the latter months of pregnancy.

The proximate cause he supposes to consist in an inflammatory affection, producing suddenly a considerable effusion of serum and coagulable lymph from the exhalants into the cellular membrane of the limb and under the inferior surface of the cutis.

Dr Daviss opinion is that it is a violent inflammatory affection of one or more of the principal veins within, and near the pelvis, producing an in-

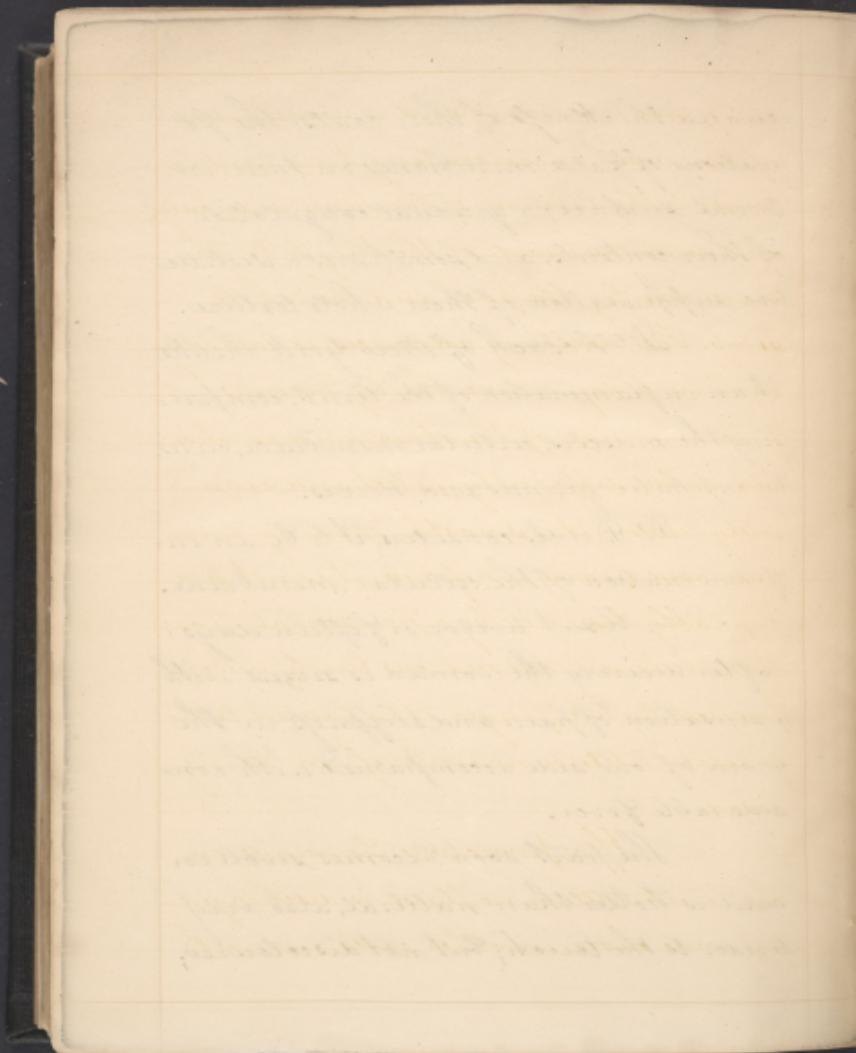
increased thickness of their coats; the formations of false membranes on their internal surface; a gradual coagulation of their contents, and sometimes a destructive suppuration of their whole texture.

Dr. Hosack of New York thinks it an inflammation of the limb, comprising the muscles, cellular membrane, cutis, lymphatic glands and nerves.

Dr. Davis considers it to be an inflammation of the cellular membrane.

About twelve or fifteen days after delivery the woman is seized with a sensation of pain and stiffness in the groin of one side accompanied with considerable fever.

The part soon becomes swollen and is hotter than natural, also very tender to the touch; but not discoloured;



the pain increases and is sometimes
of the most excruciating kind and ex-
tends to the Cubitum of the same side only,
and down the inside of the thigh to the
knee, the leg, the foot, and the whole
limb. The swelling advances so rapidly
that in a day or two the leg becomes
twice the size of the other, and is mo-
ved with difficulty, is hot and exqui-
sitely tender; it is smooth, shining and
pale and nearly uniform; it is not per-
ceptibly lessened by a horizontal posi-
tion like an edematous limb, when
pressed by the finger it is found to be
elastic, little or no impression being
made.

If a puncture be made in
the limb little or no fluid is discharged
in some cases; in other cases a small

quantity issues which soon coagulates; in other cases a larger quantity escapes which does not coagulate, but the whole of the fluid cannot be drawn off in this way.

It does not always commence in the groin, for it sometimes begins in the leg, foot, hand, and knee.

After some days, from two to eight the febrile symptoms abate, and the swelling, heat, pain, tension, weight and tenderness begin to abate, first about the upper part of the thigh or knee, and afterwards in the leg and foot. Some inequalities are found in the limb which at first feel like indurated glands, but on being nearly examined are not so well defined as those of conglobate glands. The conglobate glands are some-

-times distinctly felt, and are tender to the touch, but are seldom materially enlarged.

The febrile symptoms having gradually disappeared, the pain and tension of the limb being much relieved, the swelling and tension being diminished, the patient is debilitated, and much reduced. The limb feels stiff heavily numbed and weak, when the finger is pressed against it, it retains the impression.

It sometimes happens after the inflammation abates in one limb, the other is attacked in a similar manner and goes through the same process.

This disease terminates in resolution generally, though sometimes in gangrene or suppuration.

TREATMENT.

Upon the whole then this disease may be looked upon as highly inflammatory in its first stage be the seat of this inflammation where it may. It therefore evidently requires active depletion, both from the sanguiferous system and from the bowels, together with the strictest antiphlogistic regimen, until the leg becomes adenomatous which will be known by its now retaining the impression of the finger when impeded. After this the disease rarely requires active depletion; though the system will not bear stimuli unless of a gentle kind and of a local nature.

Of these the solution of the oyle all

in Brandy and the fumes of burn-
ing resin should be preferred. The pa-
tient should be allowed the use of an-
imal food or any of the diffusible stim-
ulants with considerable caution
even after the leg has lost its tenderness
and much of its swelling. Indeed much
caution is required to prevent perma-
nent swelling; the roller should there-
fore be used for some length of
time.

